

INS. CASE OWNER:

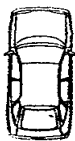
CC4/III22006013/Tpa3

IDAC:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **23.06.022**Registered in Merimen: **23.06.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJN 4764K**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ D.O.A : **22/06/2022**

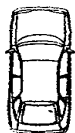
Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****SLU 3708U**INSRS: **BIFROST**  
WSP: **AUTO**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SLU 3708U - X                                               | SJN 4764K - X                                                           | STAGE                                                        | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      |                                                             |                                                                         | Non-Reporting ltr (1st):                                     |                                                   |
|                                                                                                                                                                      |                                                             |                                                                         | Non-Reporting ltr (2nd):                                     |                                                   |
|                                                                                                                                                                      |                                                             |                                                                         | Non-Reporting ltr (Final):                                   |                                                   |
|                                                                                                                                                                      |                                                             |                                                                         | Notification ltr (if non-pickup):                            |                                                   |
|                                                                                                                                                                      |                                                             |                                                                         | Call OI:                                                     |                                                   |
|                                                                                                                                                                      |                                                             |                                                                         | After call ltr to OI:                                        |                                                   |
|                                                                                                                                                                      |                                                             |                                                                         | <b>Documentation Check List:</b>                             | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                             |                                                                         | Notification ltr (if non-pickup)                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | After call ltr to OI:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Authorisation To Act:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Release Voucher:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Final Repair Bill:                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Car Rental Invoice:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Towing Invoice                                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | LTA / GIA :                                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Medical Bill:                                                | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | PIR:                                                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Mandate/Reject Instruction:                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | LOD                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Payment Breakdown Form:                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____                                            | Sent By: _____                                                          |                                                              |                                                   |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____                                            | Confirm with: _____                                                     | Confirm by: _____                                            |                                                   |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>6,100.00</b> ( <b>4</b> days) Reduction: <b>60</b> % | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                              |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>16/05/2023</b> Confirm with <b>Leah</b>       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                              |                                                   |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>   | If NO or B 28, Ass. Lia :                                               |                                                              |                                                   |
| Repair Cost: <b>7%GST</b>                                                                                                                                            | S\$ <b>6,527.00</b>                                         |                                                                         |                                                              |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>750.00</b> ( <b>5</b> days) <b>X \$150</b>           |                                                                         |                                                              |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                             |                                                                         |                                                              |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                             |                                                                         |                                                              |                                                   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                                                         |                                                              |                                                   |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>7.45</b>                                             |                                                                         |                                                              |                                                   |
| Medical:                                                                                                                                                             | S\$                                                         | 1) Claim status: Normal/Reject/Private Settle                           |                                                              |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                | 2) Report Format: <b>TP</b>                                             |                                                              |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                         | 3) Survey fee: <b>\$600.00</b>                                          |                                                              |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>7,284.45</b>                                         | <b>Global Sum S\$: 7,200.00</b>                                         |                                                              |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____                                            | Confirm with: _____                                                     | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <b>7,200.00</b>                                         | Name 1:                                                                 | <b>BIFROST AUTO PTE LTD</b>                                  |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                                                                 |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                                                                 |                                                              |                                                   |